497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Carmen Monta	Carmen Montano		Date of 1 This Filing	0/29/2016	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NU 408 649 3282	MBER	I.D. NUMBER (if applicable 1382948	le)	Report No		City Cents Office	For Official Use Only
STREET ADDRESS 369 Summerfi	eld Dr			☐ Amendmer to Report No.		OCT 3 1 2016	
спу Milpitas		STATE CA	ZIP CODE 95035	(explain below) No. of Pages	2	RECEIVED	
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTR ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E	PLOYER AMOUNT RECEIVED
10/29/2016	Carmen Montand 369 Summerfield Milpitas, CA 9503	Dr			MIND COM OTH	Teacher F.M.S.D	\$2000 Check if Loan
		naces none			□ scc		Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
Reason for Amendn	nent:					**Contributor Codes IND – Individual COM – Recipient Comi OTH – Other (e.g., bus PTY – Political Party SCC – Small Contribut	

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Carmen Mor	ntano		armen Montano		016	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE 408 649 328		I.D. NUMBER (if applicable) 1382948		This Filing			For Official Use Only	
STREET ADDRESS 369 Summe	rfield Dr		7	Amendment to Report No.				
Milpitas		STATE CA	ZIP CODE 95035	(explain below) No. of Pages				
2. Contribut	ion(s) Made					<u></u>		
DATE MADE	(IF	REET ADDRESS AND ZIP COMMITTEE, ALSO ENTER I.D.	CODE OF RECIPIENT	CANDIDATE AND OR MEASURE AND JUR		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	
10/29/2016	Carmen Montand 369 Summerfield Milpitas, CA 9503	l Dr		Carmen Montano for Mayor		\$2000	Nov. 8. 2016	
-			TA THINK I		, or the state of			
		14.4			u i			
Reason for Amend	dment:		***************************************			FPPC Advice: advi	FPPC Form 497 (Jul/2016) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

Date Stamp

CALIFORNIA FORM Cover Page Aty Clerk's Office Page. OCT 2 7 2016 Statement covers period Date of election if applicable: 9/25/2016 (Month, Day, Year) For Official Use Only from. ECEIVED 10/22/2016 Nov. 8, 2016 SEE INSTRUCTIONS ON REVERSE through. 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee ☐ Semi-annual Statement ☐ Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee Amendment (Explain below) Primarily Formed Candidate/ Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 1382948 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Carmen Montano for Mayor 2016 Nha Nghi Nguyen MAILING ADDRESS 2207 Ceynowa St STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 369 Summerfeild Dr. San Jose, CA 95121 408 836-3059 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Milpitas CA 95035 408 649 3282 Carmen Montano MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 369 Summerfield Dr CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE Milpitas, CA 95035 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, 10/27/2016 Executed on _ Signature of Treasurer or Assistant Treasurer 10/27/2016 Executed on. Signature of Controlling Officeholder, Canadate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	
Page Z of G	

5. Offi	iceholder or Candidate Controlled Co	mmittee	6. Primarily Formed Ballot Measure Committee						
NAME	E OF OFFICEHOLDER OR CANDIDATE	Market Comments		NAME OF BALLOT MEASURE					
Car	rmen Montano								
OFFIC	CE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT	
Milp	pitas Mayor							OPPOSE	
RESI	DENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP							
369	9 Summerfeild Dr Milp	oitas CA 95035		Identify the controlling offic	eholder, cand	lidate, or state	measure pro	ponent, if any.	
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT			
not ii	ated Committees Not Included in this included in this statement that are controlled by yor tributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	IF ANY	
COM	MITTEE NAME	I.D. NUMBER		•	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
NAME	E OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s) for which thi	s committee is	primarily forn	ned.	
COM	MITTEE ADDRESS STREET ADDRESS (NO F	O. BOX		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
CITY	STATE MITTEE NAME	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
		I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
	E OF TREASURER MITTEE ADDRESS STREET ADDRESS (NO F	CONTROLLED COMMITTEE? YES NO O. BOX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
CITY	STATE	ZIP CODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if r	necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 9/25/2016 CALIFORNIA

SUMMARY PAGE

	from	FURIN
SEE INSTRUCTIONS ON REVERSE	10/22/2016 through	Page of
NAME OF FILER Carmen Montano		I.D. NUMBER 1382948

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2000 \$ 4730 \$ 4730	\$ \$ \$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 0 5675 0 0	\$\$ \$\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	4730 0 5675	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule	В		P	art	2
Loan Gua	ra	nf	^	re	

Amounts may be rounded

SCHEDULE B - PART 2

Loan Guarantors		to whole dollars.		Stater	Statement covers period 9/25/2016 from		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through.	10/22/2016	Pag	je 🚄 💮	of 6
NAME OF FILER						I.D. 1	NUMBER	
Carmen Montano						138	32948	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELE-EMPLOYED ENTER	LOAN		AMOUNT GUARANTEED	CUMULA	ATIVE OU	BALANCE TSTANDING

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
Carmen Montano	☑IND	Teacher	LENDER		CALENDAR YEAR	
	COM	FMSD	Carmen Montano	2000	3600 \$	3600
	□ OTH		DATE		PER ELECTION	
	PTY				(IF REQUIRED)	
	□scc				\$	
					CALENDAR YEAR	
	□IND		LENDER		OALLINDAN ILLAN	
	Сом				\$	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□ PTY					
	□scc				\$	1
	□IND		LENDER		CALENDAR YEAR	
	СОМ				\$	
	ОТН		DATE		PER ELECTION (IF REQUIRED)	
	□PTY				(ii iicgoiics)	
	□scc				\$	
			LENDER		CALENDAR YEAR	
	□IND	***************************************	LENDER			
	СОМ				PER ELECTION	
	OTH		DATE		(IF REQUIRED)	
	☐ PTY ☐ SCC					
					\$	
			SUBTOTAL	\$ 2000	Enter on Summary Page, Line 17 only.	

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received	ιο			Statement covers period 9/25/2016 from	
SEE INSTRUCTION	ONS ON REVERSE			through	22/2016	Page of
NAME OF FILER Carmen M						I.D. NUMBER 1382948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT: RECEIVED THIS PERIOD	CUMULATIVE TO DEC. 3	AR TO DATE
10/10/16	Syed Asif 812 Canada Dr Milpitas, CA 95035	☑ IND □ COM □ OTH □ PTY □ SCC	Financial Analyst Plantronics	100	100	
10/2/16	Zeya Moshin 644 Hillview Dr. Milpitas, CA 95035	☑ IND □ COM □ OTH □ PTY □ SCC	homemaker	100	100	
10/8/16	Jamal Ramahi 518 Angus Dr Milpitas, CA 95035	IND COM OTH PTY	Engineer Flextronics	100	100	
10/ 12/16	Munawar Daimee 3192 Salem Dr San Jose, CA 95127	☑ IND □ COM □ OTH □ PTY □ SCC	Engineer R&D	100	10	0
10/12/ 16	Syed Mohsin 644 N Hillview Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Pluribus networks	100	10	0
			SUBTOTAL	\$ 500		
	A Summary				I	ibutor Codes
	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	2,450	- 1	Individual - Recipient Committee (other than PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contributio	ns of less thai	n \$100\$	280		Other (e.g., business entity) Political Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	i.) TOTAL \$	2,730		Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A. (CONT.)

CALIFORNIA

Statement covers period

9/25/2016

				from	2010	T.	KW	
				through10/2	2/2016	Page	6 of 9	
NAME OF FILER Carmen Mo	ntano	***************************************				1,D. NUM 138294		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTIO TO DATE (IF REQUIRES	
10/8/2016	Mohammad Nada 460 Capella Way Milpitas, Ca 95035	☑IND □COM □OTH □PTY □SCC	Engineer Cisco	100	11	00		
10/11/16	PG&E 77 Beale Street San Francisco, CA	☐IND ☐COM ☐OTH ☐PTY ☑SCC	Major Donor acct 90-4187/1211	250	21	50		
10/11/16	Renu Bhardwaj 38690 Larspur St Newark, CA 94560	IND COM OTH PTY SCC	Engineer AMI	250	21	50		
10/11/ 16	Dhanwant Singh Dhaliwal 1589 Roger St Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	postal carrier Fed. Govt	100	100			
10/13/16	Santokh Judge 1132 Mt Whitney St Livermore, CA 94551	IND COM OTH PTY SCC	retired	250	2	50		
			SUBTOTAL	\$ 950				

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

-				from9/25/2016		FC	DRM 40U
				through10/2	2/2016	Page	7 of \$
NAME OF FILER			<u> </u>			I.D. NUI	
Carmen Mo	ntano					13829	48
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/8/2016	Caifornia League of Conservation Voters Santa Clara Co Chapter P.O.Box 2079 San Jose, CA 95109	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC	#951348 contribution acct	250	250		
10/11/16	Nurses Builders Academy 1825 De La Cruz Blvd Santa Cara, Ca 95050	IND COM OTH PTY	Owner NBA	250	25	50	
10/11/16	IBEW 322 2125 Canoas Garden Ave SannJose, A 95125	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC	IBEW Local 332 #1298069 all purpose acct.	250	25	50	
10/11/ 16	San tokh Singh 1132 Mt Wilson St Livermore, CA 94551	☑IND □ COM □ OTH □ PTY □ SCC	Engineer Cisco	250	2!	50	
10/13/16		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 1000			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.			State	ment covers period	CALIFORNIA 460	
Payments Made				from	9/25/2016	FOR	W. J.
SEE INSTRUCTIONS ON REVERSE				through	10/22/2016	Page	8 of
NAME OF FILER		***************************************				I.D. NUMB	
Carmen Montano	<u> </u>					1382948)
CODES: If one of the following codes accurately describe	s the payment, yo	ou may ent	er the code. Ot	therwise, desc	cribe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delir PRO professional si PRT print ads	l appearances es ating urvey research very and mess	n senger services	RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	o airtime and production rned contributions upaign workers' salaries or cable airtime and production travel, lodging, ar f/spouse travel, lodging, sfer between committee or registration rmation technology cost	duction costs nd meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R _	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Milpitas Post 56 Marylyn St Milpitas, Ca 95035		and the state of t	ad		- Albertale		646.
Pacific Printing 1445 Monterey Hwy San JOse, Ca 95110			prt				393
Hanh Duong P.O.Box 51816 San Jose, CA 95151			lit				300
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.			St	JBTOTAL \$	1339
Schedule E Summary							
Itemized payments made this period. (Include all Schedul	e E subtotals)					\$	5557
Unitemized payments made this period of under \$100							118
Total interest paid this period on loans. (Enter amount from							0
3. Total interest paid this period of loans. (Enter amount no							5675

SCHEDI	

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 9/25/2016 **FORM** from. 10/22/2016 through I.D. NUMBER 1382948

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carmen Montano

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

POL polling and survey research fundraising events independent expenditure supporting/opposing others (explain)* IND

POS postage, delivery and messenger services **LEG** legal defense PRO professional services (legal, accounting)

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

LIT campaign literature and mailings	PRT print ads		WEB information technology costs	(internet, e-mail)
NAME AND ADDRESS OF (IF COMMITTEE, ALSO ENTER I.D.	PAYEE CO	DDE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
AMSMailing service 1725 De La Cruz Blvd Santa Clara Ca 95050		lit	mailer	3,068
Calitoday 1460 Tully Rd San Jose, CA 95122	1	lit	ad	500
Facebook 1 Hacker wy Menlo Park , CA 94025	W	veb	ad	250
AC print 1750 Lundy Rd San Jose, CA	p	prt	doorhangers	400

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

497 Contributi	on Report Amounts ma	ay be rounded to wh	ole dollars.		
NAME OF FILER OHRMEN AREA CODE/PHONE NUM! (408) 649	BER I.D. NUMBER (if applicable)	Date of /o This Filing	0/12/2014 1	FS	
369 Sumn	norfield Dr STATE ZIP CODE CA 95035	Amendment to Report No (explain below) No. of Pages _		OCT 2 4 2016 RECEIVED	
1. Contribution	(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/11/2014	CARMEN MONTANO 369 Summerfield Dr Wilpitas, CA 93035		IND COM OTH SCC	CARMEN MONTANO Teacher FMSD	2000 Check if Loan ———————————————————————————————————
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	·	☐ Check if Loan % Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
Reason for Amendme	ent: Corrected Date Recieved			**Contributor Codes IND Individual COM Recipient Committee (oth OTH Other (e.g., business enti PTY Political Party SCC Small Contributor Commi	ty)

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www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER CARMEN	MONTANO JMBER I.D. NUMBER (if applicable)	Date of 10/12/20/6		CALIFORNIA 497
(408) 649-3 STREET ADDRESS	JUMBER I.D. NUMBER (IF applicable) 3282 1382948 Merheld Dr STATE ZIP CODE CA 95035	— □ Amendment	Clerk's Office T 1 2 2016 CEIVED	For Official Use Only
2. Contributio	n(s) Made			_
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
12/11/2016	CARMEN MONTANO 369 Summerfield Dr Milpitas, CA 95035	CARMEN MONTHNO FOR MAYOR	2000, -	Nov.8, 2016
Reason for Amenda	ment:		FPPC Advice: advice	FPPC Form 497 (Jul/2016) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** City Clerk's Office Page Date of election if applicable: Statement covers period OCT - 3 2016 (Month, Day, Year) For Official Use Only July 1, 2016 from Sept. 24, 2016 Nov. 8, 2016 SEE INSTRUCTIONS ON REVERSE through. 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement ☐ Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ incomplete Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 1382948 3. Committee Information Treasurer(s) Nha Nghi Nguyen COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Carmen Montano for Mayor 2016 2207 Cevnowa St MAILING ADDRESS San Jose, CA 95121 (408) 836 3059 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 369 Summerfield Dr Carmen Montano CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Milpitas, Ca 95035 408 649 3282 369 Summerfield Dr. MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS Milpitas, CA 95035 (408) 649 3282 CITY CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed or State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

Date

COVER PAGE

. Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Carmen Montano								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT		
Milpitas Mayor						☐ OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP							
369 Summerfield Dr Mil	pitas, CA 95035		Identify the controlling offic	eholder, cand	idate, or state measure	proponent, if any.		
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT			
Related Committees Not Included in this	Statement: List any committees							
not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY		
	candidacy.							
COMMITTEE NAME	I.D. NUMBER				<u></u> 			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Committe	C List names of		
	YES NO		officeholder(s) or candidate(s	s) for which this	s committee is primarily	formed.		
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	IELD [] GUDDODT		
						SUPPORT OPPOSE		
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	IFLD .		
						☐ SUPPORT		
COMMITTEE NAME	I.D. NUMBER					OPPOSE		
•			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT		
						☐ OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT		
OOMANITE ADDRESS OF STREET	YES NO					OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)							
CITY STATE	ZIP CODE AREA CODE/PHONE							
SIAIE	ZIF GODE AREA GODE/PHONE		Att	ach continuat	ion sheets if necessary	•		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Carmen Montano

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period July 1, 2016 from	CALIFORNIA 460
Sept. 24, 201	6 Page of
	I.D. NUMBER 1382948

			1002040
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$	13,640	General Elections
2. Loans Received	0	9	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	4580	13,640	20. Contributions 9,060 \$ 13,75
4. Nonmonetary Contributions	110	110	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	\$13,750	21. Expenditures 6,269 \$ 10,93
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$10,824	Candidates
7. Loans Made Schedule H, Line 3	0	0	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$10,824	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0	0	Date of Election Total to Date
10. Nonmonetary Adjustment	110	110	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$4,665	\$10,934	\$
Current Cash Statement	0.704		- \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,791	To calculate Column B.	
13. Cash Receipts	4,580	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	4,555	of your last report. Some	reported in Column b.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	amounts in Column A may be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0	this is the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0		FDDC F 450 11 100
			FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-373
			www.fppc.ca.g

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		10	whole dollars.	from	ers period , 2016 CALIFOR FORM 24, 2016 Page		ORNIA 460
NAME OF FILER Carmen M	1ontano					I.D. NUN 138294	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. (DATE AR	PER ELECTION TO DATE (IF REQUIRED)
8/30/16	JUL Mongi 40 Terraced Hills Cir San Ramon, CA 94583	IND COM OTH PTY	Realtor Imperial Real Estate	250.	250	0.	11121111
9/7/16	Chang Zee George 891 Calaveras Ridge Dr Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Trustee Chen Family Trust	100.	100.		
8/31/16	Jessie Serna 1585 The Alameda Suite 100 San Jose, CA 95126	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney At Law Serna Private law firm	100.	100	0.	
9/9/16	Mayra Cruz 742 N 12th street San Jose, Ca 95112	IND COM OTH PTY	Educator De Anza College	100.	10	00	
9/7/16	Garry Barbadillo 1578 Centre Pointe Dr Milpitas, Ca 95035	☑IND □COM □OTH □PTY □SCC	Attorney at law Barbadillo & Associates	250.	250	0.	
			SUBTOTAL \$	800			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	4,245	IND - COM -	(other t	al ent Committee han PTY or SCC)
3. Total mone	eceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			4,580	PTY-	Political	e.g., business entity) Party Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

July 1, 2016

NAME OF FILER				through		NUMBER
Carmen Mo	ontano				138	32948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/16	Anil Patel 485 S Main Street Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DBA Americas Best Value Inn Proprietor	250.	250.	
7/31/16	Ruth Silver Taube 1339 Pauline Dr Sunnyvale, CA 94087	☑IND □COM □OTH □PTY □SCC	Attorney Law office of Silver & Taube	200.	200.	
8/9/16	Thomas Holthaus 2277 Calle de Luna Santa Clara, CA 95054	☑IND □COM □OTH □PTY □SCC	Machinist Quality Machine Shop	100.	100.	
9/10/16	Art Feunf 2151 Oakland Rd SPC 611 SanJose, CA 95131	☑IND □COM □OTH □PTY □SCC	California Cubicles Finder Proprietor	250.	250.	
9/19/16	Trinidad Aoalin 542 Hamilton Ave Milpitas, CA 95035	IND COM OTH PTY	retired	100.	100.	
			SUBTOTAL	\$ 900.		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 🔏

Statement covers period July 1, 2016

				from	, 2010	FΟ	RM ICC
				throughSept.	24, 2016	Page	of
NAME OF FILER Carmen Mo	ontano					I.D. NUM 138294	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
8/6/16	Political Action Committee 2864 Haughton Dr San Jose, CA 95148	□IND □COM ☑OTH □PTY □SCC	NALC Branch 193 FPPC#10870199	250.	25	0.	
8/31/16	Maria Lemery 2141Bliss Ave Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	retired	100.	10	0.	
8/31/16	Consuelo Rodriguez 850 Minnesota Ave. Unit 113 San Jose, CA 95125	☑IND □COM □OTH □PTY □SCC	retired	100.	10	0.	
9/10/16	Buiders Job PAC 1350 Treat Blvd STE 140 Walnut Creek, CA 94597	□IND □COM ☑OTH □PTY □SCC	BIA # G2016	250.	250).	
9/15/16	Tony Montano 499 Curtner Dr Milpitas, CA 95035	IND COM OTH PTY	retired	250.	250).	
			SUBTOTAL S	\$ 950.			

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

July 1, 2016

NAME OF FILER				through Sept.	24, 2016	Page _	7_ of 12_
Carmen Mo	ntano					13829	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/28/16	Nellie Cabuslay 3348 Onslow Way SanJose, CA 95132	☑IND □COM □OTH □PTY □SCC	retired	100.	100.		
9/1/16	Richard Santos P.O.Box 244 Alviso, CA, 95002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	150.	15	50.	
8/9/16	Ricardo Alblaza 603 Carlsbad Street Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor First Pacific Real Estate	250.	25	50.	
9/10/16	Rajbinder Bains P.O. Box 1575 Fremont, CA 94538	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Contractor self employed	250.	25	50.	
9/15/16	Rajinder Brar 309 Harvard CMN Fremont, CA 94539	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal BV Petroleum Inc.	250.	25	50.	
	SUBTOTAL\$ 1000						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

528 Hanover Street

Daly City, CA 94014

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

NAME OF FILER Carmen Mo	Contributions Received	to whole o	dollars.	Trom	ers period , 2016 24, 2016	Page	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVEÖTHIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/5/16	Wendy Ho 5804 Pentz Way San Jose, CA 95123	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Facilitator Housing Trust	100.	1	00	
9/7/16	Jennifer Nguyen 1136 Northwonderlan Dr. Sunnyvale, CA 94087	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Pacific Wide Realty	100.	10	00.	
9/21/16	Kevin Yee 125 First Street San Jose, CA 95113	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Intellectual properties	200.	20	00.	
-	Marc Santamaria	☑ IND	Attorney			ĺ	

□сом

OTH
PTY
SCC
IND
COM
OTH
PTY
SCC

Santa Maria & Associates

SUBTOTAL \$

200.

600.

*Contributor Codes

IND - Individual

9/17/16

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

200.

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

	~~··==~~= ·; ·; ·; ·
Statement covers period July 1, 2016	CALIFORNIA 460
throughSept. 24, 2016	Page of
	I.D. NUMBER 1382948

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Carmen Montano IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND **AMOUNT** BALANCE CONTRIBUTOR OCCUPATION AND EMPLOYER **CUMULATIVE** ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LOAN **GUARANTEED** OUTSTANDING (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CODE TO DATE THIS PERIOD TO DATE CALENDAR YEAR LENDER Carmen Montano Teacher **☑** IND 369 Summerfield Dr 1,600 **FMSD** Carmen Montano 1.600 0 □сом Milpitas, Ca 95035 PER ELECTION □отн DATE (IF REQUIRED) □ PTY SCC CALENDAR YEAR LENDER □сом PER ELECTION Потн DATE (IF REQUIRED) ☐ PTY □ SCC CALENDAR YEAR LENDER □сом PER ELECTION □отн DATE (IF REQUIRED) □ PTY □scc CALENDAR YEAR LENDER Псом PER ELECTION OTH DATE (IF REQUIRED) ☐ PTY □ scc Enter on SUBTOTAL \$ Summary Page, Line 17 only.

Schedul Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.		Si	tatement covers p July 1, 20		CALIF(FOI	
	TONS ON REVERSE				throu	ugh Sept. 24,	2016	Page	0 of 12
NAME OF FILEI Carmen N								1.D. NUME 138294	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	re R year	PER ELECTION TO DATE (IF REQUIRED)
9/11/16	Bud LoMonaco 1061 Rye Court San Jose, Ca 95127	☑IND □COM □OTH □PTY □SCC	Businessowner LoMonaco Jewelers	children's bouncer		110.		110.	
		□IND □COM □OTH □PTY □SCC							

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 110.

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	.\$	110.
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	.\$	0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	\$	110

IND
COM
OTH
PTY
SCC
IND
COM
OTH
PTY

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Carmen Montano	Amounts may to whole o			Statement cover July 1, 2 fromSept. 2	2016 FOR	of / Z
CODES: If one of the following codes accurately documents of the compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain legal defense) LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s in)* POS postage, de	nmunication d appearan ses alating s s survey resea	is ces	RAD radio airtime and returned contribute SAL campaign worke TEL t.v. or cable airtic TRC candidate travelors staff/spouse transfer betwee VOT voter registratio	d production costs utions ers' salaries ime and production costs I, lodging, and meals vel, lodging, and meals n committees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Pacific Printing 1445 Monterey Hwy San Jose, CA 95110		prt	door hanger			572.
City of Milpitas 1441 E Calaveras Blvd Milpitas, Ca 95035		fil	filing fees			1,900
Pacific Printing 1445 Monterey Hwy San Jose, CA 95110		prt	flyer			326.
* Payments that are contributions or independent expenditures mu	st also be summarized on Sch	edule D.			SUBTOTAL \$	2,798
Schedule E Summary		-				
1. Itemized payments made this period. (Include all S	chedule E subtotals.)	************			\$	4,367
2. Unitemized payments made this period of under \$1	00			***************************************	\$	188.

SCHEDU	CONT
SCHEDO	CONT.

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period July 1, 2016 from	CALIFORNIA 460 FORM
Sept. 24, 2016	Page 12 of 12
	I.D. NUMBER 1382948

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carmen Montano

COD	ES: If one of the following codes accurately de	escribes the p	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain	n)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing 1445 Monterey Hwy San Jose, CA 95110	prt	door hanger	818.
Sunnyhils Neighborhood Association P.O. Box Milpitas, CA 95035	prt	newsletter	250.
Pacific Printing 145 Monterey Hwy San Jose, CA 95110	prt	flyer	326.
Walmart Store 100 McCarthy Milpitas, CA 95035	tre	BBQ condiments	175.

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,569

Recipient Committee Campaign Statement Cover Page	•			ALIFORNIA 460
	Statement covers period from 7-1-16	Date of election if applicable: (Month, Day, Year)	City Clerk's Office SEP 2 0 2016	ge of
SEE INSTRUCTIONS ON REVERSE	through 9-24-14	Nov. 8, 2016	RECEIVED	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	The second secon	
State Candidate Election Committee Recall (Also Complete Parl 5) General Purpose Committee Sponsored Small Contributor Committee	imanily Formed Ballot Measure committee Controlled Sponsored to Complete Part 6) imanily Formed Candidate/ ficeholder Committee to Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Statement id-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CARMEN MONTAND For MAY	1382948 108 2014	Treasurer(s) NHM NAME OF TREASURER 2207 Ceyn MAILING ADDRESS San JOSE	OWA LANA CA 9512	
STREET ADDRESS (NO P.O. BOX) 369 Summer Field DY CITY STATE ZIP CODE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE	(408)649-3282	CITY	^ ~	AREA CODE/PHONE (408) 649-3282 AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		, OPTIONAL: FAX / E-MAIL ADDRES	is	N.
1. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of the Executed on 9/29/20/6 Executed on 9/29/20/6 Executed on 9/29/20/6	California that the foregoing is true and o	nowledge the information contained correct. Signature of Treasurer or Assistant UMU Willing Officeholder, Candidata, State Measure Pro	Treasurer	s is true and complete. 1

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Executed on ...

Date

Date

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA FORM	460				
Page o	r_2_				

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot I	Measure Commit	tee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	· ····		
CARMEN MONTANO						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		T SUPPORT
Milpitas MAyor RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C					Į •	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP	• .				
369 Summerfield Dr	Milpitas CA 950	35	Identify the controlling officeho	and the second s	ate measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CANDID	DATE, OR PROPONENT	··· ··· ··· ··· ··· ··· ·· · · · · · ·	
Related Committees Not Included in this Statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD	- Min.	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER			· · · · · · · · · · · · · · · · · · ·		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) or candidate(s) for	late/Officeholder	Committee Li	st names of
	YES NO			·	s is primarily forme	ea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)		NAME OF OFFICEHOLDER OR CAN	IDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	IDIDATE OFFICE	SOUGHT OR HELD	
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE	SOUGHT OR HELD	
			TO THE STATE OF STATE	OFFICE.	OUGHT OR RELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAN	IDIDATE OFFICE	SOUGHT OR HELD	Пентопол
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO			4		SUPPORT OPPOSE
						1
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation sheets	if noonecom:	
		•	Attach	r communium sheets	n necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

		from	(-1:-20/6 FORW -100
SEE INSTRUCTIONS ON REVERSE	- Maria	through	9-24-2016 Page 3 of 9
CARMEN MONTANO			1.D. NUMBER 1382948
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 7,460 \$ 1,600 \$ 9,060 \$ 9,060	\$\frac{3,750}{6}\$ \$\frac{12,810}{12,810}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions \$ 9,060 \$ 12,810 21. Expenditures Made \$ 6269 \$ 10,608
Expenditures Made 6. Payments Made 7 Loans Made 8 SUBTOTAL CASH PAYMENTS 9 Accrued Expenses (Unpaid Bills) 10 Nonmonetary Adjustment Schedule F, Line 3 11 TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	s 6,269 s 6,269 o s 6,269	\$ 10,608 \$ 10,608 \$ 10,608 \$ 10,608	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement Beginning Cash Balance Previous Summary Page, Line 16 Cash Receipts Column A, Line 3 above Miscellaneous Increases to Cash Schedule I, Line 4 Column A, Line 8 above Column A, Line 8 above Line 15 Cash Payments Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts Cash Equivalents See instructions on reverse Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,791 9,060 10,608 \$ 1,243 \$ 6	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
5	▼		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

				from July 1	12016	FORM
SEE INSTRUCTIO	NS ON REVERSE			through Sept	24,2016	Page of
NAME OF FILER	ARMEN MANTANO				1	1.D. NUMBER 382948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE
9-15-16	Buld Jobs PAZ-BIA 1350 Treat Blud Ste 140 Walnut CK, CA 94597	□IND □COM ☑OTH □PTY □SCC	BIA-PAC arlangur acet ID # 16/102	250	250	
7-28-16	nelly Cabuslay 3348 Onslaw way An Jose, CA 95132	⊠IND □COM □OTH □PTY □SCC	Retired	100	100	
8/27/16	Mann Lomery 2141 Bloss Are melptos 10A 9503	MIND COM OTH PTY SCC	Retirca	100	100	
9-9-16	Mayor CRUZ 742 N 1270 St Jon Jose (A 95112	ØIND □COM □OTH □PTY □SCC	Education De Anza Colleg	100	100	
	George Chen 891 Calaverias Redge Dr Melgross, change	Ø IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineen	100	100	
			SUBTOTAL	\$ 650		
1. Amount re (Include al 2. Amount re 3. Total mone	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	ns of less tha	n \$100\$	3450 300 3750	IND - I COM - OTH - PTY - I	butor Codes ndividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CO)

	SOUTH (COL
Statement covers period from July 1, 20/6	CALIFORNIA 460
through Sept 24, 2016	Page of
	ID NUMBER

CARMEN MONTANO IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC, 31) (if REQUIRED) OF BUSINESS) **X**IND repred 100 СОМ OTH PTY □scc **₩** IND 252 Псом -ETOTH ☐ PTY 95035 SCC X IND 250 250 COM OTH PTY □ scc

> ⊠IND □ COM

□ OTH

SCC

☐ COM ☐ OTH ☐ PTY ☐ SCC

95035-8016

SUBTOTAL\$ ///OC

Engineer

250

250

250

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.g

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

E OF FILER	CARMEN MONTANO			through AgAs	I.D. NUN	1 of 7 IBER -2948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 ~ DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/16	Jesse Serna 1585 The Alameda Sunte 100 In Jose, CA 95/24	MIND COM OTH PTY SCC	lkirote Attirney Jesse Jerm	100	100	
7/31/16	Ruth Tayke 1339 Pauline Dr Sunnyvale, CA 94067	ZÎIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	attoney Law office of Silver Trube	200	200	
-30-1L	Josie Mongi 40 Terrace Hels Circle Jan Ramon CA 94583	□ COM □ COTH □ PTY □ SCC	Realton Ceal Elforte	250	250	
9-7-16	Jennyen haryen 1136 Mortnum Holand Dr Junny vale, CA 94087	DAND COM OTH PTY SCC	Rentform	100	100	
8/31/16	Consuelo Reduguez 850 mimnesota area Dangoz, CA 95/25	XIND COM OTH PTY SCC	Progesser Exentus 35 su	100	100	
			SUBTOTAL	\$ 750		

Contributor Codes

ND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

3CC - Small Contributor Committee

hedule	A (Continuation	Sheet)
netary	Contributions F	Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)

Statement covers period	CALIFORNIA / CA
from July 1, 2016	FORM 40U
through Sept 24,2016	Page of
	I.D. NUMBER

E OF FILER

C.A	ARMEN MONTANO				138	2948	
DATE RECEIVED	FUILL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
7-25-14	Cabbrnia Culado Frolano 251 Calland Rd Sylll Sur Jose, CA 95131.	□IND DECOM □OTH □PTY □SCC	manager	200	200		
9-10-16	a lit harbene Shop	□IND ISCOM □OTH □PTY □SCC	manazer	100	100		
7-26-16	Vandara Mgnot Company 485 S. Main St. hulpotso, (A. 95835	☐ IND IND OTH ☐ PTY ☐ SCC	Proprietor	250	250		
8-6-2016	NALC notional Assac. &	□IND □COM ₩OTH □PTY □SCC	Small antributions acct. PAC 1382548 Branch 193	250	250.		
8/20/16	Richard Suntie D. O. BVX 244 Blusse, CA 95002 0244	IND COM	Retired	150	150		
SUBTOTAL\$ 950							

Contributor Codes

ND - Individual

COM - Recipient Committee (other than PTY or SCC)

DTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period

from 7-1-2016

FORM TOU

CALIFORNIA

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

CARMEN MONTAND

NAME OF FILER

through 9-24-2016

age ____ or __

I.D. NUMBER

1382948

COL	DES: If one of the following codes accurately describes	the p	payment, you may enter the code. Other	herwise, o	describe the payment.
CMP	campaign paraphernalia/misc.				radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacyle Prenting 1444 Monterey Hwy Sun Jose, CA 95110	PRT	Pyen	326.
Sunnighelds nonprojet Group P.O. 1807 milpotos, CA 9503T	PRT	flyen/Newsletter	250
Paugi Printing 1445 marthey Hwy Jungozi CA. 95110	PRT	duchangers	817.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL* 1393

Schedule E Summary

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Amounts may be rounded to whole dollars.

PRT

print ads

Statement covers period

FORM

CALIFORNIA

SCHEDULE E (CONT.)

Page

WEB information technology costs (internet, e-mail)

I.D. NUMBER

CARMEN MONTANO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL. polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF professional services (legal, accounting) LEG legal defense VOT voter registration PRO

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Walmart 301 Ranch Dr NulptAS &A 95B5	TRS.	BBQ Condinuests	176
Pacific Printing 144 t monterey Hwy Am Jose, OA 95110	PRT	doorhangers	572
Pacific Printings 1tmg Sur Juse, CA 95110	PRT	Aviralyes.	163.
City of milpitros 144/ E Calavans Blad unipitros 164 95035	F1(Fiting	1,900
,			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Recipient Committee Campaign Statement		-	Date Stamp	CALIFORNIA 460
Cover Page			ity Clerk's Office	FURIVI
	Statement covers period from San 1, 2016	Date of election if applicable: (Month, Day, Year)	AUG 0 3 2016	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through June 30, 2016	Nov. 8, 2016	ECEIVED	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination) elow)	erly Statement al Odd-Year Report
3. Committee Information	NUMBER 382948	Treasurer(s)		
CARMEN MONTAND FOR MAYO	or 2016	NAME OF TREASURER NAME OF TREAS		
369 Summer fred DV CITY STATE ZIP COR	DE AREA CODE/PHONE US) 649-3282	SAN JUSE CA	STATE ZIP COL A 95/21 (408) R, IFANY STANO	DE AREA CODE/PHONE 836-3059
CITY STATE ZIP COD	DE AREA CODE/PHONE	369 Summe Milpitris, CA	Theld Dr STATE ZIP COL 7 95035	DE AREA CODE/PHONE
		OPTIONAL: FAX / E-MAÍL ADDRES	68	
1. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C Executed on 8/2/20/6 Executed on 8/2/20/6 Executed on 8/2/20/6	By Ana-A	Signature of Treasurer or Assistant	Treasurer	
Evented on	_	· •		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Executed on ___

Date

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee		6.	. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
CARMEN MONTANO							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER JURISDICTION			SUPPORT	
Milpitas Mayor						OPPOSE	
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Lit. or or or or or				
369 Summerfield Dr Milpitas CA9			Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
	7	_	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD		.,	DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee L	ist names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate(s) for which this committee is primarily formed.				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUG		GHT OR HELD	SUPPORT OPPOSE	
CITY STATE 2	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HE		
							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?			ANDIDATE	E OFFICE SOUGHT OR HELD		SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)						OPPOSE
CITY STATE 2	STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary						

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CARMEN MONTANO Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDU \$ 7,46(Column B GALENDAR YEAR TOTAL TO DATE \$ \$ \$	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 9,060 \$ 21. Expenditures Made \$ 6,269 \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 6,269 \$ 6,269 \$ 0,269 \$ 0,269	 ∅ \$ s s s 7 s s 	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	9,060 6,769 \$ 2791	A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents	/ 3 -	any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars,

SCHEDULE A

	OCHEDULE A
from Jan 1, 7016	CALIFORNIA 460 FORM
through June 30, 704	Page 4 of 15
	LO MUNICIPO

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

138 2948 CARMEN MONTANO AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE DATE PER ELECTION CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR RECEIVED TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) DIND John Luke 1455 McCartny Blud Milpitas, LA 95035 □сом refired 250 □отн 250 □ PTY □ scc Vickie Gallardo 108 Arborway Wilpitas, (A 95035 **□**IND □сом Потн 250 250 □ PTY □scc DIND □сом □отн 250 250 □ PTY □ scc 3/21/16 Brian Ebbs
15190 Bellini Way
14019 Margan Hill, CA 95037 **☑**1ÑD Director Псом □ OTH South Clara Co. 250 250 □ PTY □scc **□**IND □сом □отн 250 250 □ PTY □scc

. Amount received this period – itemized monetary contributions.		1.000
(Include all Schedule A subtotals.)	\$	<u> 6800</u>
. Amount received this period – unitemized monetary contributions of less than \$100	¢	10100

7,460

250

SUBTOTAL \$

*Contributor Codes

IND - Individual

Britani (1 transpir i proprinci proprinci proprinci pro

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period **CALIFORNIA FORM** through June 30, 2016

13626116

CARM	EN MONTANO					13	82948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION (IF SELF-EMPLO	IDUAL, ENTER AND EMPLOYER DYED, ENTER NAME USINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/16	Grace Salinas 3020 San Andreas Uman city 94587	DAND COM OTH PTY SCC	retii	ired	100.	100	
3/21/16	Tony Santos P. O/BOX 616 Alviso, (A 95002	DIND COM OTH PTY SCC	Busine Tonys	ess mam Restaurt	200	200	
3/21/16	Jim Salinas 325 Teresita Blvd: SanFrancisco, CA 94127	☑IND □COM □OTH □PTY □SCC	rehr	red	100	100	
3/21/16	Kim Chu 862 Del Vaile Ct Wilpitas, CA 95035	DAND COM OTH PTY SCC	Teac Fms	ther SD	250.	250	
3/21/16	Maria Vargas.	☑IND □COM □OTH □PTY □SCC	Teach M. 4.	here .s.D	100	100	
Name and the second sec				SUBTOTAL	750		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Sun 1,2016	california 460
through June 30, 2016	Page of
	ID NUMBER

NAME OF FILER

1382948

CARM	EN MONTANO				100	82748
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/6	Dipak Awastni 387 Summerfield Dr Milpitas, CA 95035	MIND COM OTH PTY SCC	Business owner Bonfare Market	150.	150	
3/21/16	Byd LoMonaco 1061 Rye CT SanJose, CA 95127	DIND COM OTH PTY SCC	Business Owner Lommaco Sewlers	100.	(00	
6/19/16	Rajeeve Madnawat 1431 Arrzona Ave Milpotas, CA 95035	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney NXP Some conducte	r 250.	250	
(0/23/16	Victor Grieg 2 930 Colorado Blud Bldg 2 Los Angeles, CA 90041	DIND COM OTH PTY SCC	Public Affairs Director DSO, Inc.	100.	100	
6/27/14	Michael Calderon 3430 Mono Place Davis, (A 95616	IND COM COTH CTY	tlectrician City of San Jose	250	250	
100			SUBTOTAL	850	ngangan Mangle sanggi Persapanan Kada	nga pengerangan salah bangan salah pengerangkan s

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Jan 1, 2019	CALIFORNIA 460
through Sune 30, 2014	Page 1 of 15
	1.D. NUMBER 13879(15)

TARMEN MONTANO 10007780 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS TO DATE CALENDAR YEAR CODE * (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED (IF SELF-EMPLOYED, ENTER NAME (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) ☐ IND Labors Local Union 270 555 Capital Mall Sure 1425 901351 IDE СОМ Small Contribution 5/6/14 250 250 □отн □ PTY Committee PAC 270 Sacramento, CA 95184 Scc ☐ COM Garriett Gritz 1460 Emmons Canyan Dr Engineer 250 □ OTH 750 Diablo EngineeringGrap □ PTY David Wilson
14428 Bis Basin Way#A
Saratoga 110 Alamo, (A 94507 □scc MIND Selfemplayed Wilson, Inc □сом 250 250 Потн □ PTY □ scc Elizabeth Eastwood 2321 Rockingham Dr DIND Псом retired 250 250 □отн □ PTY Lodi, CA 95242 SCC MIND Afformey Matteoni, O'Laggalia Псом 150 250 □отн San Dse CA 95126 Hechtman □ PTY □ scc 1250 and a substitution of the SUBTOTAL \$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Jan 1, 2016	CALIFORNIA 460 FORM
through June 30, 2016	Page 8 of 15
	1.D. NUMBER 1202940

CARME	N MONTANO					[/3]	8 2948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATIÓ! (IF SELF-EMPL	VIDUAL, ENTER NAND EMPLOYER OYED, ENTER NAME BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/14/14	David Fisher 2000 W Brovelli Woods Acampo, CA 95220	COM COM OTH PTY SCC	Sel- RPN	f 1 Co.	250	250	
6/14/16	Peter Friis 17703 & Bentley Ct Linden, CA 95234	DIND COM OTH PTY SCC	Sel Spw	F 1 DeV	250	250	
4/15/14	Jackie Irwin 5275 Heila Pass Rd GilRoy CA 95020	DIND COM OTH PTY SCC	Selt Prop.	2 Manager	250	250	
6 14/14	Wendy Garibaldi 1311 Rivergate Dr Lodi, CA 95240	COM COM OTH PTY SCC	reti	ired	250	250	
te/14)14	Robert Pteil 2358 Pheasant Run Circle Stockton, CA 95 207	ØÍND □COM □OTH □PTY □SCC	V.P RPM	Co,	250	250	
				SUBTOTAL	1250	and the appropriate administration of the annual state described in	kingan garapan and an menerikan paking dan pangar

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY -- Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Jan 1, 2016	CALIFORNIA 460
through June 30, 20/4	Page 9 of 15
 	1.D. NUMBER 138.2948

NAME OF FILER

CARN	TEN MONTAND		j		13	82948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/15/10	Jennifer Harmon 1300 Clay Street Suite 600 Oakland, CA 94612	☑ÎND □COM □OTH □PTY □SCC	Engineer Diablo Englarup	250	250	
4/16/16	Lilly Hogden 1845 University Way San Jose, CA 95128	IND COM OTH PTY SCC	Accountant, Bortain, Somme, LLV	1250	250	
6/16/16	Daniel Smithgr 4208 Chaloga Rd. San Sose, CA 95148	☑ÎND ☐COM ☐OTH ☐PTY ☐SCC	Selfemployed Stucco SupplyCo	, 250.	250	
4/15/16	Joseph Sweeney 110 Story Brook Rd. LOS GATOS, CA 91232	IND COM OTH PTY SCC	attorney Swenson Inc	250	250	
6/16/16	Julie Wilson 1311 Rivergate Dr Lodi CA 95240	DIND COM OTH PTY SCC	retired	250	250	
		,	SUBTOTAL	\$ 17.50	aranga barang marangan masa kangangan	lagata ng matala i inakang tau minggalawang.

*Contributor Codes

IND -- Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from Jan 1, 2016

				through June	30,2014 Page	10 of 15						
NAME OF FILER CAREMEN MONTANO				-	1.D. NL	MBER 82948						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)						
6/50/14	Yu-Lan Chon 97 Images Circle Nilpitas, CA 95036	DIND COM OTH PTY SCC	Librarian City of Santa Clara	100	100							
130/14	David Sonsa 101 Serra Way Milpitas, (A 95035	IND COM OTH PTY SCC	Business owner Insurance	250	250							
		□IND □COM □OTH □PTY □SCC										
		□IND □COM □OTH □PTY □SCC										
		□IND □COM □OTH □PTY □SCC										
			SUBTOTAL \$	350	religio graficio en la Represencia de La							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1	Am	ounts may be ro		Statement cov	ers period	SCHEDULE B - PART 1		
Loans Received		to whole dollars	7•		from Jan 1	•	california 460	
SEE INSTRUCTIONS ON REVERSE					through June	30, 2016	Page 1	of 15
NAME OF FILER					-		I.D. NUMBER	
CARMENIMONTANU						·	138294	18
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
CARMEN MONTANO 309 Summerfield Dr Milpitas, CA 95035	CARMEN MONTANO TEACHER FUISD			PAID S — C FORGIVEN	1,600	G %	:1600	CALENDAR YEAR \$ PER ELECTION**
TIMIND COM COTH PTY SCC	PMSD	,1600	,	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC		\$	\$	PAID FORGIVEN PAID PAID FORGIVEN FORGIVEN S	DATE DUE	**************************************	S DATE INCURRED S DATE INCURRED	CALENDAR YEAR PER ELECTION** CALENDAR YEAR PER ELECTION** \$
		SUBTOTALS \$)	\$	\$		
Schedule B Summary 1. Loans received this period(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period(Total Column (c) plus loans under \$10	s of less than \$100.)				600	l in	Contributor Codes ID Individual OM Recipient C	Committee
(Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)	•		···	1,600	P.	TH – Other (e.g., TY – Political Par	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Scl	hedule	E
Pay	yments	Made

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

138294

(TARMEN MENTANO					1382948
	PES: If one of the following codes accurately describes	the p	payment, you may ente	r the code. Othe	erwise, c	describe the payment.
MP	campaign paraphernalia/misc.	MBR	member communications		RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		RFD	returned contributions
TB	contribution (explain nonmonetary)*	OFC	office expenses			campaign workers' salaries
CVC	civic donations	PET	petition circulating		TEL	t.v. or cable airtime and production costs
ΊL	candidate filing/ballot fees	PHO	phone banks		TRC	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research		TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messe	nger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal,	accounting)	VOT	voter registration
	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	CODE OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Ac Print 1750 Lundy Rd San Jose, CA	Pict flier	s,design	525.
Copyland 2342 Stevens CK Blud San Jose, CA 95128	prt invites	, postcards	245
Richard Martinez 316 Ayenida Pinos San Jose, CA 95123	prt groph	iis	100.

Schedule E Summary		Commence of
Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u></u>	5//
2. Unitemized payments made this period of under \$100	\$	490
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column ((e).)\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summar	y Page, Column A, Line 6.)	6,269

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

SUBTOTAL \$

www.fppc.ca.gov

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** I.D. NUMBER

NAME OF FILER ACAVEN MINITANO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense campaign literature and mailings MBR member communications MTG meetings and appearances

OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)

PRT print ads.

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dave & Busters 940 Greatmall Dr Milp. Has, CA 95035	FND	Facilities vented	752
Supercheup Signs 9200 Waterfront Certic Blud	Спер	yadsigns, wires	2,413
CASA Azteca 20. N. ABLI ST Milpitas, CA 95035	FND	Facility food	170
Hoodooinc.com San Jose, CA	web	Website Dev. Support	300.
Ac Prints 3056 Bay berry Lane San Jose, CA 95148	prt	poster	115

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

PRT

print ads.

SCHEDULE E (CONT.)

through June 30, 2016

Tom Jan 1, 2016

Through June 30, 2016

WEB information technology costs (internet, e-mail)

CARMEN MONTAND

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations petition circulating PET t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research POL staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Richard Martinez 314 Avenda Pinos San Dule CA95123	prt	graphus design; set up	150
Richard Martinez 316 Avenda Piños Son Am , CA 95123	pit	graphie design, labels	200
Ac Prints 3056 Bayberry Lane San June, CA 95148	prt	Litterhead setup design	150.
AC Prints 2056 Bayberry Lene Son Juzz, CA 95148	prt	Banner	150
Copyland 2342 Stains CK Bld San Jose, CA 95/28	Prt	Burenen Carda	109.

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E
(Continuation Sheet)
Pavments Made

Amounts may be rounded

SCHEDULE E (COÑT.)

Continuation Sheet) Payments Made	to whole dollars.	from Jan 2016	FORM 460
SEE INSTRUCTIONS ON REVERSE		through June 30,2016	Page 15 of 15
IAME OF FILER			I.D. NUMBER
CARMEN MONTAND	1		1382948
CODES: If one of the following codes accurately de	escribes the payment, you may enter the code	. Otherwise, describe the payment.	(

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	imunications d appearances ses lating urvey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, transfer between committee	duction costs and meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
Khow Novice 482 Helvien D Mulptas CA 95035		Web	derign	200.
				,
* Payments that are contributions or independent expenditures must also be	summarized on Scho	edule D.	S	UBTOTAL\$ O()

Fayments that are contributions or independent expenditures must also be summarized on Schedule D.

Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM** Cover Page Clerk's Office Page. Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only AUG 0 7 2016 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled O Recall Termination Statement O Sponsored (Also Complete Part 6) (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Carmen Montano for Mayor 2016 STREET ADDRESS (NO P.O. BOX) oun mevi AREA CODE/PHONE STATE ZIP CODE CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY \$TATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the lifest of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed or Signature of Treasurer or Assistant Treasure Executed or

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Executed on

Date

5. Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
CARMEN MONTANO							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Milpitas MAYOr							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
369 Summerfield I	> Miloitas CA9	4/25	Identify the controlling offic			easure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this			•				
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your			OFFICE SOUGHT OR HELD		. DI	STRICT NO. IF	ANY
<u> </u>							
COMMITTEE NAME	I.D. NUMBER				***		
		_		V		1	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic) for which thi	ceholder Com s committee is prir	mittee List marily formed	t names of I.
· .	☐ YES ☐ NO				•		1
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
							☐ OPPOSE
CITY STATE 2	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	☐ SUPPORT
			•				OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGH	TOP HELD	
	YES NO		NAME OF OFFICEROUSER OF	DANDIDATE	OFFICE 300GH	I OK HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)						OPPOSE
CITY STATE 2	IP CODE AREA CODE/PHONE		Att	ach continual	ion sheets if nece	essary	
							•

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

SEE INSTRUCTIONS ON REVERSE		through ⊆	June 30, 2016 Page 3 of 18
NAME OF FILER CARMEN MONTANO			1.D. NUMBER 1382948
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,460 \$ 1,600 \$ 9,060 \$ 9,060	\$ \$ \$	20. Contributions Received \$ 9,060 \$ 21. Expenditures Made \$ 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 6,269 \$ 6,269 0 0 \$ 0,269	\$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	9,060 6,269 \$ 2791 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Ψ		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.go

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

	SCHEDULE,
Statement covers period from Jan 1, 7016	CALIFORNIA 460 FORM
through June 30, 704	Page 4 of 18
	ID MUNDED

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CARMEN MONTANO 138 2948 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER AMOUNT DATE CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS RECEIVED CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) PIND СОМ refired 250 □ OTH 250 □ PTY □ scc Vickie Gallardo 108 Arborway Wilpitas, (A 95035 []/ND □сом Потн 250 250 **TIPTY** □ scc **D**ÍND Evelyn Chur 929 Coventry Way Nilpitas, CA 95035 □сом □отн 250 250 □ PTY □ scc 3/21/16 Brian Ebbs 15190 Bellini Way Margan Hill, CA 95037 DIND Director □ COM □отн 250 250 ☐ PTY □scc **□**IND Director □сом SJB Center □ OTH 250 250 ☐ PTY TI scc

	SUBTOTAL \$ /250	
Schedule A Summary		(*Consider to Continue

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period.

'Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

statement covers period from San 1, 2016	CALIFORNIA 460
through June 30, 2016	Page <u>5</u> of <u>18</u>
 	I.D. NUMBER

NAME OF FILER

CARM	EN MONTANO				/	382948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
3/21/16	John Luk 1455 McCarting Blud Nulpitas, 64 95035	☑IND □ COM □ OTH □ PTY □ SCC	retired	250.	250	
3/21/16	Vickie Gallardo 108 Arbor Way M/pitas, (A 95035	DIND COM OTH PTY SCC	Engineer City of SanJuse	250	250	
3/21/16	Evelyn China 929 Coventry Way Nulpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Operations Analyst Silica Vally Bank	250	250	
3/21/10	Brian Ebbs	□IND □COM □OTH □PTY □SCC	refired	250	250	
3/21/16	Sheryll Ebbs	☑IND □COM □OTH □PTY □SCC	Director SJB Center	250	250	
			SUBTOTALS	1250	national State of the September	and the second s

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Jan 1, 2016	CALIFORNIA 460
through June 30, 2014	Page 6 of 18
	I.D. NUMBER

NAME OF FILER

CARMEN MONTANO IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) **☑**ÍND Grace Salinas 3020 San Andreas Uman city 94587 □ COM 3/21/16 100 retired 100 □ OTH ☐ PTY SCC Tony Santos P. O/BOX 616 Alviso, (A 95002 ☐/IND □ COM Businessman □ OTH 200 200 Tonys Restaurnt ☐ PTY □scc Jim Salinas 325 Teresita Blvd. ☐ COM retired □отн 100 100 PTY SanFrancisco, CA 94127 □scc Kim Chu 862 Del Vaile Ct Milpitas, (A 95035 MIND Teucher □сом 250 □отн FM3D 250. □ PTY □scc Maria Vargas. 33 Greetree Circle **₩**IND Teacher □сом 100 MUSD 100 Потн □ PTY □scc 750 SUBTOTAL \$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

ontributions Received	to wildle dollars.	from Sun 1,2016	FORM 460
		through <u>June 30, 2016</u>	Page
			I,D, NUMBER
MONTANO			1382948

CARIN	EN MONTANO				/38	82948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/6	Dipak Awasthi 387 Summerfield Dr NulpitAs, CA 95035	MIND COM OTH PTY SCC	Business owner Bon Fare Market	150.	150	
3/21/16	Bud LoManaco 1061 Rye CT San Jose, CA 95127	☑1ND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Lommaco Sewlers	100.	(00	
6/77/16	Rajeeve Madnavent 1431 Anzona Ave Milpitas, CA 95035	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney NXP Somranduck	r 250.	250	
Ce/23/16	Victor Griego 930 Colorado Blid Bldg2 Los Angeles, (A. 9004)	☑IND □COM □OTH □PTY □SCC	Public Affairs Director DSO, Inc	100.	100	
6/27/14	Michael Calderon 3430 Mono Place Davis, (A 95616	DIND COM OTH PTY Scc	tlectrician City of San Jose	250	250	
			SUBTOTAL S	85 <i>0</i>	property and the second second second second	

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Jan 1, will	california 460 form		
through Sime 30, 2016	Page <u>8</u> of 18		
-	1.D. NUMBER 1382948		

CAR	MEN MONTANO	·			13	82948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/6/16	Labors Local Union 2-70 555 Capital Mall Sure 1425 Sacramento, CA 95184	☐ IND . ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Contributor; Committee PAC	250	250	
6/14/14	Garrett Gritz 1460 Emmoni Canyon Dr Alamo, CA 94507	DÎND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Diablo Engineeringgrap	250	250	
6/14/10	David Wilson 14428 Bis Basin Waz#A Saratoga, CA 95070	☑ÍND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Selfemplayed Wilson, Inc.	250	250	
6/14/10	Elizabeth Eostwood 2321 Rockingham Dr Lodi, CA 95242	☑IND □COM □OTH □PTY □SCC	retired	250	250	
4/14/10	Norman Matteoni 848 The Alameda San Jose CA 95126	☑ÍND □COM □OTH □PTY □SCC	Amorney Matterni, O'Laggalia * Hechtman	250	250	
			SUBTOTAL \$	1250	i i z z Zililasi szelecze czeropoczeszkiliki	de première de la president de la première de la p

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

statement covers period from Jan 1, 2016	CALIFORNIA 460
through June 30, 2016	Page of
	1.D, NUMBER 1382940

CARME	N MONTANO				/3	8 2948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/14/16	David Fisher 2000 W Brovelli Woods Acampo, CA 95220	☑IND □COM □OTH □PTY □SCC	Self RPMCo.	250	250	
6/14/16	Peter Friis 17703 & Bentley Ct Linden CA 95236	☑ÍND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self SPMDeV.	250	250	
4/15/14	Jackie Irwin 5275 Hecker Pass Rd GilRoy CA 95020	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Prop. Manager	250	250	
6 14/14	Wendy Gari baldi 1311 Rivergate Dr Lodi, CA 95240	□ COM □ COM □ OTH □ PTY □ SCC	refired	250	250	
te/14/14	Robert Pteil RunCircle 2358 Pheasant RunCircle Stockton, CA 95207	☑IND □COM □OTH □PTY □SCC	V.P RPM Co,	250	250	
			SUBTOTAL S	1250	and the second	

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from Jan 1, 2016	CALIFORNIA 460
through June 30, 20/4	Page 10 of 18
	1.5. NUMBER 1382948

CARWEN MANTANZ

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR COOPE " COOPE" COOPE " COOPE" COOPE" COOPE" COOPE " COOPE" COOPE " COOPE " COOPE C	CARN	TEN WUNTAND					~ / / 3
Lilly Hogden Lilly Hogden Way San Jose, CA 95128 Daniel Smrty Bortain, Semty Liv 250 Daniel Smrty Bortain, Semty Liv 250 Completed Son Jose, CA 95128 Daniel Smrty Bortain, Semty Liv 250 Completed Son Jose, CA 95128 Completed Son Jose, CA 95148 Discont Story Brook Rd. Completed Story Brook Rd. Completed Story Brook Rd. Completed Story Brook Rd. Completed Son		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YEAR	TO DATE
Com Daniel Smith gr. Com Doom Self employed 250 250 Le 16/16 16 San Jose, CA 95148 Toseph Sweeting Doom Doom Oth Doom Doom Doom Doom Doom Doom Doom Doo	6/15/14	Jennifer Harmon 1300 Clay Street Stute 600 Oakland, CA 94612	□COM □OTH □PTY	Engineer Diablo Englorup	250	250	
Com Daniel Smith gr. Com Doom Self employed 250 250 Le 16/16 San Joseph Sweeting Doom Doom Doom Doom Doom Doom Doom Doo	4/16/10	Lilly Hogden 1845 University Way San Jose, CA 95128	□COM □OTH □PTY	Accountant, Bortain, Sombo, LLV	1250	250	
U/16/16 Lodi CA 95240 Discon retired 250 250 Discon retired 250 250	6/16/16	Daniel Smitzge 4208 Chaloga Rd. San Jose, CA 95148	□COM □OTH □PTY	Selfemplayed Stucco SupplyCo	, 250.	250	
U/16/16 Lodi CA 95240 Discon retired 250 250 Discon retired 250 250	6/15/16	Joseph Sweeney I'W Story Brook Rd. LOS GATOS, CA 91232	□ COM □ OTH □ PTY		250	250	
	6/16/16	3 0 111160	□COM □OTH □PTY	retired	250	250	
				SUBTOTAL	1250	and the second s	g (Line) tempe time (Line)

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

•				from <u>Jan 1</u>	2014	FO	ORM TO
				through June:	30,2014	Page	
NAME OF FILER OARM	MEN MONTANO					1.D. NUN 13	uber § 2948
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/50/14	MIPHAS, CA 95036	ØIND □COM □OTH □PTY □SCC	Librarian City of Santa Clara	100	100		
0/30/14	David Sawa 101, Serra Way Milpitas, (A 95035	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Budiness owner Insurance	250	250)	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	350	And the species		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Schedule B – Part 1	Amounts may be rounded				Statement cov	ara nariad	SUREDULE B - PAR I		
Loans Received		to whole dollar	s,		from Jan (-	CALIFORN FORM	^{IIA} 460	
						7-1 721	12	10	
SEE INSTRUCTIONS ON REVERSE	——————————————————————————————————————				through Julie	30, 2016	1	of <u>/ ()</u>	
NAME OF FILER							I.D. NUMBER		
CARMENIMONTANO							138294	18	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(F) AMOUNT PAI OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
CARMEN MONTANO 369 Summerfield Dr Milpitas, CA 95035	CARMEN MOVIANO TEACHER			PAID \$	s_1,600	RATE	\$ 4600	CALENDAR YEAR	
Mulpitas, CA 95035	FMSD	,1600	,-6-	☐ FORGIVEN		<u> </u>		PER ELECTION*	
TIMIND COM OTH PTY SCC			· · · · · · · · · · · · · · · · · · ·	P	DATE DUE		DATE INCURRED		
		\$	\$	\$ FAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION*	
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
				\$ PAID \$ FORGIVEN	_ \$		\$	\$ PER ELECTION	
TO IND COM OTH PTY SCC	• •	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$;	,	\$	\$			
Schedule B Summary 1. Loans received this period			**************	\$	1,600	(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus unitemized loan	s of less than \$100.)					(†C	Contributor Codes	3	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	0 paid or forgiven.) tare also itemized on Sche	dule A.)			<u>e</u>	C	TH - Other (e.g.,	PTY or SCC) business entity)	
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.	·····	***************************************	.NET \$	1,600 (May be a negative number)	s	TY – Political Part CC – Small Contr	iy ibutor Committee	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period from Jan 1,2010

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

ARMEN MONTANO

NAME OF FILER

through June 30, 2014

Page 13 of 18

I.D. NUMBER

1382948

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

era _{wa}	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
	Post office 750 Lundy Rd San Sose, CA	P05	Stamps	7.
3	AC Print 1056 Bagberry Lane San Jose, (A 95148	prt	fliers, design	525,
	Stiney Photography Kulpitas, CA	CM	photograph	75.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTAL \$	6007
	 	· · · · · · · · · · · · · · · · · · ·	400

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>_ (</u>	1,207	
	Unitemized payments made this period of under \$100	\$	<u> </u>	
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	L	
4.	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$_ _{	0.769	1

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de É

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

statement covers period from Jun 1,2016 FORM 460

through June 30,2016 Page 14 of 18

LD. NUMBER

NAME OF FILER

campaign literature and mailings

LIT

CARMEN MONTANO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations PET petition circulating TEL. t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research POL

IND Independent expenditure supporting/opposing others (explain)*
LEG legal defense

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RS staff/spouse travel, lodging, and meals
SF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Copyland 2342 Stevens Cic Blud Sen Juse, CA 95128	prt	design invites postcards	245.
Ac Prints 3054 Bayberry Lane San Jose, CA 93148	prt	Enveliger	79,
Richard Martinez 316 Avenda Pinos Sar-Jose, (A 95123	pit	graphic work	100.
Dave & Bustons 940 Gredmall Dr Mypitas, (A 95035	FND	Facility contact	752,
SAFEWAY 555 Calaveras Brod Milp.Ms, CA 95037	CIM	Snacks-Volunteers	42.

 $^{^\}star$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CARMEN MONTHOND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants

POS

PRT print ads

CTB contribution (explain nonmonetary)* OFC office expenses

CVC civic donations candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)*

legal defense LEG

campaign literature and mailings

RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions

SAL campaign workers' salaries

petition circulating PET TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing 1445 monterey Hwy San Jose, CA 95112	prt	envelopes -	21.
Sujer Cheop Signs. 9200 Waterfront Centre Blvd. Husten Texas 78758	Comp	yard signs, wires	2,1413.
CASA AZTECA ZUN ABELST Milpitas, CA 95035	FND	Fundranser	170.
Houdooine, com San Jose, CA	Web	Websete Der & Support	°300°
Brand the World P.O.BK 872062 Mesquite, Texas 75187	CMP	paraphanelia	99.

postage, delivery and messenger services

professional services (legal, accounting)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from San 1, 2016

through San 2016

Page 16 of K

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CARMEN MONTANO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

Note: The contribution (explain nonmonetary) and the

CVC civic donations
FIL candidate filing/ballot fees

FND fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings MBR member communications
MTG meetings and appearances

OFC office expenses
PET petition circulating

PHO phone banks
POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

IRS staff/spouse travel, lodging, and meals

rsf transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

Ell Campaign heratuse and meanings	, 111 print 222		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AC Prints 3056 Bayberry Lane San Jose, CA 95148	prt	posters	115,
Richard Martinez. 314 Avenuela Pinios. 3mon, CA 95123	prt	gruphie's design	150,
Richard Martinez 314 avenda Piños Sandose, (A 95123	prt	graphes	200,
Ac Prints 3056 Bayberry Lane Sandre, CA 95148	prt	Letterhead	150,
Ac Prints 3054 Bayberry Lane San Jose, CA 95148	pt	Bannepe	150,

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7 (

SEE INSTRUCTIONS ON REVERSE

NAME OF EILER

Statement covers period **CALIFORNIA FORM**

Page

J.D. NUMBER

CARMEN MONTHNO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks PHO candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS TSF legal defense professional services (legal, accounting) LEG PRO VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
CARMEN Wartum Im Mayor Committee 349 Summerials Dr Unlp. trs, CA 95035	çmp	Checks to bank fees	85,
Kinkos 275 Calaveras Milpitas; 95035	prt	fliers	24.
Copyland 2342 Stevens CK Blud Sandose, CA 95128	prt	Business cards	109.
Kinkos 1712 Oakler Rd San Jose 95178	prt.	letter	26.
Carmen Muntainic Committee 369 Summarfield Dr Milpitars, CA 95035	TRC	travel-parking	13.

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from Jan 1, 2016	CALIFORNIA 460
through Sune 30, 2016	Page 18 of 18
	1.d. NUMBER 1382948

CARMEN MONTANO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL. campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Khris Norica 482 Hillview Milpitas, (A 95035	Web	design	200.
Copyland 2342 Stevens CK Blod San Jose, CA 95128	7.7	business cards	19.

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.